

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

39886

STATE FILE NUMBER

Registration District No.

118

Primary Registration District No.

5429

Registrar's No.

37

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Canaan Twp.</u>				c. CITY OR TOWN <u>Owensville</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farm Home</u>				d. STREET ADDRESS (If outside, give location) <u>Owensville Rt. 1</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ida Schlottach</u>				4. DATE OF DEATH Month Day Year <u>Nov. 25, 1957</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 26, 1877</u>	
9. AGE (In years birthday) <u>80</u>		10. F UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) <u>Charlotte, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Berger</u>				13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Kiehl</u>			
14. NAME OF HUSBAND OR WIFE <u>F. Wm. Schlottach</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT Address <u>Albert Schlottach Owensville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Thrombosis</u> <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>1945</u> to <u>1957</u> and last saw her alive on <u>11-24-57</u> Death occurred at <u>8:20 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Charles Schmitt M.D.</u>				22b. ADDRESS <u>General</u>			
22c. DATE SIGNED <u>11-26-57</u>				23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			
23b. DATE <u>11-28-1957</u>				23c. NAME OF CEMETERY OR CREMATORY <u>St. James E & R Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Charlotte, Mo.</u>				24. FUNERAL DIRECTOR ADDRESS <u>Wilford N H Winter OWENSVILLE</u>			
25. DATE RECD. BY LOCAL REG. <u>November 28, 1957</u>				26. REGISTRAR'S SIGNATURE <u>Mrs. Thelma Jappmeyer</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Mr., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Michael H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.